

MULTIPLE DEPEN  
CLAI  
FEE CALCULATION SHEET  
(FOR USE WITH FO  
PTO-875)

CLAI

SERIAL NO.

101551968

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3		1		1			
4		1		1			
5		2		1			
6	1		1				
7	1		1				
8	1		1				
9	1		1				
10	1		1				
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49							
50							
TOTAL IND.	6		6				
TOTAL DEP.	7		6				
TOTAL CLAIMS	13		12				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
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99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							